

Rev. 02/02/06

RECEIVED

CENTRAL FAX CENTER

FEE TRANSMITTAL

For FY 2007

Patent fees are subject to annual revision

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$510.00

Complete if Known

Application Number: 09/862,855

Filing Date: 5/21/2001

First Named Inventor: Peter M. Goodwin

Examiner Name: T. Strzelecka

Group/Art Unit: 1637

Attorney Docket No.: S-94,652

JUN 27 2007

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|---|---|-----------------|-------------------------|--------------|-----------------|----------|------|--------------------|------------|-------------------------------------|----|--------------------|-------|-----------|--|--------------|--------------|-----------------|---------------|--|----------------------------------|------|------|---|--|------|--|------|-------------|--|------|------|---|--|--|----------|------|-----------------|--------------|---|------|------------------------------|--------|---------------|--|--------------------------------|------|------|-------------|------------------------|--------|------|------|-----------------------------|--|------|------|------------------------------------|--------------|--------------------------|------|----------------------------------|------|-------------|----------------------------------|--|------|------|------------|---------------------|--|------|------|--------------|------------------------------------|--|------|------|-------------|---------------------------|--|------|------|-------------|--|--|------|------|-------------|--|--|------|------|-------------|--|--|------|------|-------------|---------------------------|--|------|------|-------------|---|--|------|------|-------------|---|--|---------------------------|--|--|--|--|---------------------|--|--|--|-----------------|----------------------------------|--|--|--|--|------------------------|--|--|--|---------------|------------------------|--|--|--|---------------|------------------------|--|--|--|-----------------|--------------------------------|--|--|--|-----------------|-------------------------------------|--|--|--|--|
| 1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17 | | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>2051</td> <td>\$130 \$65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>2052</td> <td>\$50 \$25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1812</td> <td>2520</td> <td>\$1812 \$2520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1251</td> <td>2251</td> <td>\$120 \$60</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>2252</td> <td>\$450 \$225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>2253</td> <td>\$1020 \$510</td> <td>Extension for reply within third month</td> <td>\$510.00</td> </tr> <tr> <td>1254</td> <td>2254</td> <td>\$1590 \$795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2255</td> <td>\$2160 \$1080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>2401</td> <td>\$500 \$250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>2402</td> <td>\$500 \$250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>2403</td> <td>\$1000 \$500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1452</td> <td>2452</td> <td>\$500 \$250</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1814</td> <td>2814</td> <td>\$110 \$55</td> <td>Terminal Disclaimer</td> <td></td> </tr> <tr> <td>1453</td> <td>2453</td> <td>\$1500 \$750</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1480</td> <td>1480</td> <td>\$130 \$130</td> <td>Petitions to the Director</td> <td></td> </tr> <tr> <td>1808</td> <td>1808</td> <td>\$180 \$180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>1809</td> <td>2809</td> <td>\$790 \$395</td> <td>Filing a submission after final rejection (37 CFR 1.129 (a))</td> <td></td> </tr> <tr> <td>1810</td> <td>2810</td> <td>\$790 \$395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1811</td> <td>1811</td> <td>\$100 \$100</td> <td>Certificate of Correction</td> <td></td> </tr> <tr> <td>1504</td> <td>1504</td> <td>\$300 \$300</td> <td>Publication fee for early, voluntary, or normal publication/Republication fee</td> <td></td> </tr> <tr> <td>1801</td> <td>2801</td> <td>\$790 \$395</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> </tr> <tr> <td colspan="4">SUBTOTAL (3)</td> <td>\$510.00</td> </tr> <tr> <td colspan="5">Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="4">SUBTOTAL FROM 1</td> <td>\$0.00</td> </tr> <tr> <td colspan="4">SUBTOTAL FROM 2</td> <td>\$0.00</td> </tr> <tr> <td colspan="4">SUBTOTAL FROM 3</td> <td>\$510.00</td> </tr> <tr> <td colspan="4">TOTAL AMOUNT OF PAYMENT</td> <td>\$510.00</td> </tr> <tr> <td colspan="5">(Enter total amount at top of page)</td> </tr> </tbody> </table> | | Large Entity | Small Entity | Fee Code | Fee Description | Fee Paid | 1051 | 2051 | \$130 \$65 | Surcharge - late filing fee or oath | | 1052 | 2052 | \$50 \$25 | Surcharge - late provisional filing fee or cover sheet | | 1812 | 2520 | \$1812 \$2520 | For filing a request for reexamination | | 1251 | 2251 | \$120 \$60 | Extension for reply within first month | | 1252 | 2252 | \$450 \$225 | Extension for reply within second month | | 1253 | 2253 | \$1020 \$510 | Extension for reply within third month | \$510.00 | 1254 | 2254 | \$1590 \$795 | Extension for reply within fourth month | | 1255 | 2255 | \$2160 \$1080 | Extension for reply within fifth month | | 1401 | 2401 | \$500 \$250 | Notice of Appeal | | 1402 | 2402 | \$500 \$250 | Filing a brief in support of an appeal | | 1403 | 2403 | \$1000 \$500 | Request for oral hearing | | 1452 | 2452 | \$500 \$250 | Petition to revive - unavoidable | | 1814 | 2814 | \$110 \$55 | Terminal Disclaimer | | 1453 | 2453 | \$1500 \$750 | Petition to revive - unintentional | | 1480 | 1480 | \$130 \$130 | Petitions to the Director | | 1808 | 1808 | \$180 \$180 | Submission of Information Disclosure Statement | | 1809 | 2809 | \$790 \$395 | Filing a submission after final rejection (37 CFR 1.129 (a)) | | 1810 | 2810 | \$790 \$395 | For each additional invention to be examined (37 CFR 1.129(b)) | | 1811 | 1811 | \$100 \$100 | Certificate of Correction | | 1504 | 1504 | \$300 \$300 | Publication fee for early, voluntary, or normal publication/Republication fee | | 1801 | 2801 | \$790 \$395 | Request for Continued Examination (RCE) | | Other fee (specify) _____ | | | | | SUBTOTAL (3) | | | | \$510.00 | Reduced by Basic Filing Fee Paid | | | | | SUBTOTAL FROM 1 | | | | \$0.00 | SUBTOTAL FROM 2 | | | | \$0.00 | SUBTOTAL FROM 3 | | | | \$510.00 | TOTAL AMOUNT OF PAYMENT | | | | \$510.00 | (Enter total amount at top of page) | | | | |
| Large Entity | Small Entity | Fee Code | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1051 | 2051 | \$130 \$65 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1052 | 2052 | \$50 \$25 | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1812 | 2520 | \$1812 \$2520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1251 | 2251 | \$120 \$60 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252 | 2252 | \$450 \$225 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1253 | 2253 | \$1020 \$510 | Extension for reply within third month | \$510.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1254 | 2254 | \$1590 \$795 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1255 | 2255 | \$2160 \$1080 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1401 | 2401 | \$500 \$250 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1402 | 2402 | \$500 \$250 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1403 | 2403 | \$1000 \$500 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1452 | 2452 | \$500 \$250 | Petition to revive - unavoidable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1814 | 2814 | \$110 \$55 | Terminal Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1453 | 2453 | \$1500 \$750 | Petition to revive - unintentional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1480 | 1480 | \$130 \$130 | Petitions to the Director | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1808 | 1808 | \$180 \$180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 | 2809 | \$790 \$395 | Filing a submission after final rejection (37 CFR 1.129 (a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1810 | 2810 | \$790 \$395 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1811 | 1811 | \$100 \$100 | Certificate of Correction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1504 | 1504 | \$300 \$300 | Publication fee for early, voluntary, or normal publication/Republication fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1801 | 2801 | \$790 \$395 | Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (3) | | | | \$510.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL FROM 1 | | | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL FROM 2 | | | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL FROM 3 | | | | \$510.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | | | | \$510.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Enter total amount at top of page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES/APPLICATION SIZE FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Extra Claims</th> <th>Fee from Fee Paid Below</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-20** =</td> <td>X</td> <td>\$</td> </tr> <tr> <td>Independent Claims</td> <td>-3** =</td> <td>X</td> <td>\$</td> </tr> <tr> <td>Multiple Dependent</td> <td>X 180</td> <td></td> <td>\$</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>2202</td> <td>\$50 \$25 Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>2201</td> <td>\$200 \$100 Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>2203</td> <td>\$360 \$180 Multiple dependent claim, if not paid.</td> </tr> <tr> <td>1204</td> <td>2204</td> <td>\$200 \$100 Reissue independent claims in excess of 3 over original patent</td> </tr> <tr> <td>1205</td> <td>2205</td> <td>\$50 \$25 Reissue claims in excess of 20 over original patent</td> </tr> </tbody> </table> <p>APPLICATION SIZE FEE 1091 \$250 2091 \$125.00 For each additional 50 sheets that exceed 100 sheets, including specification and drawings</p> <p>SUBTOTAL (2) \$ _____ (Include total of Claims Fees and Size Fee here)</p> | | Large Entity | Small Entity | Extra Claims | Fee from Fee Paid Below | Total Claims | -20** = | X | \$ | Independent Claims | -3** = | X | \$ | Multiple Dependent | X 180 | | \$ | Large Entity | Small Entity | Fee Description | 1202 | 2202 | \$50 \$25 Claims in excess of 20 | 1201 | 2201 | \$200 \$100 Independent claims in excess of 3 | 1203 | 2203 | \$360 \$180 Multiple dependent claim, if not paid. | 1204 | 2204 | \$200 \$100 Reissue independent claims in excess of 3 over original patent | 1205 | 2205 | \$50 \$25 Reissue claims in excess of 20 over original patent | <p>1. COMBINED FILING FEE Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Fee</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>2001</td> <td>\$300 \$150 Basic Filing fee</td> <td>\$0.00</td> </tr> <tr> <td>1004</td> <td>2004</td> <td>\$300 \$150 Reissue Filing fee</td> <td>\$</td> </tr> <tr> <td>1111</td> <td>2111</td> <td>\$500 \$250 Search Fee</td> <td>\$0.00</td> </tr> <tr> <td>1311</td> <td>2311</td> <td>\$200 \$100 Examination Fee</td> <td>\$0.00</td> </tr> <tr> <td>1005</td> <td>2005</td> <td>\$200 \$100 Provisional Filing Fee</td> <td></td> </tr> <tr> <td>1095</td> <td>2095</td> <td>\$250 \$125 Provisional Size Fee</td> <td></td> </tr> </tbody> </table> <p>(for each additional 50 sheets that exceeds 100 sheets)</p> <p>SUBTOTAL (1) \$00.00</p> | | Fee | Fee | Fee Description | Fee Paid | 1001 | 2001 | \$300 \$150 Basic Filing fee | \$0.00 | 1004 | 2004 | \$300 \$150 Reissue Filing fee | \$ | 1111 | 2111 | \$500 \$250 Search Fee | \$0.00 | 1311 | 2311 | \$200 \$100 Examination Fee | \$0.00 | 1005 | 2005 | \$200 \$100 Provisional Filing Fee | | 1095 | 2095 | \$250 \$125 Provisional Size Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Extra Claims | Fee from Fee Paid Below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | -20** = | X | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | -3** = | X | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | X 180 | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 2202 | \$50 \$25 Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 2201 | \$200 \$100 Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 2203 | \$360 \$180 Multiple dependent claim, if not paid. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 2204 | \$200 \$100 Reissue independent claims in excess of 3 over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 2205 | \$50 \$25 Reissue claims in excess of 20 over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee | Fee | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 2001 | \$300 \$150 Basic Filing fee | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 2004 | \$300 \$150 Reissue Filing fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1111 | 2111 | \$500 \$250 Search Fee | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1311 | 2311 | \$200 \$100 Examination Fee | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 2005 | \$200 \$100 Provisional Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1095 | 2095 | \$250 \$125 Provisional Size Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | Complete (if applicable) | |
|---------------|--------------------------|--------------------------|----------------|
| Printed Name: | Bruce H. Cottrell | Reg. No. | 30,620 |
| Signature: | <i>Bruce H. Cottrell</i> | Date: | June 26, 2007 |
| | | Telephone | (505) 667-9168 |

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S-94,652
Peter M. Goodwin**Sender:** Kenneth K. Sharples

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Comments:

Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:

- 1. Fee Transmittal for 3 months Extension of Time; and**
- 2. Response to Office Action**

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Rev. 06/04/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Peter M. Goodwin

Docket No.: S-94,652

Serial No.: 09/862,855

Examiner: Strzelecka

Filed : 5/21/2001

Art Unit: 1637

For : RAPID HAPLOTYPING BY SINGLE MOLECULE DETECTION

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Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Sir:

In response to the Office Action dated 12/27/2006, please enter and consider the following amendments to the claims, which begin on page 2 of this paper, as well as the remarks which begin on page 6 of this paper.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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